



**NEW YORK MEDICARE QUICK REFERENCE GUIDE**  
**January 2012**

**Web Address:** [www.wellcare.com/provider/resources](http://www.wellcare.com/provider/resources)

**Important Telephone Numbers**

<b>Provider Services</b> Eligibility verification, Claims, Utilization Mgmt., Language Line and Provider Complaints	<b>(800) 278-5155</b>	<b>Nurse Advice Line</b> Members may call this number to speak to a nurse 24 hours a day, 7 days a week.	<b>(800) 581-9952</b>
<b>TTY/TDD</b>	<b>(877) 247-6272</b>	<b>Risk Management</b> WellCare's Fraud, Waste and Abuse Hotline	<b>(866) 678-8355</b>
<b>Case and Disease Management Referrals</b>	<b>(866) 635-7045</b>		

**[Provider "How-To" Guide](#)**

**[Provider Resource Guide](#)**

**Claim Submissions**

**Claim Payment Disputes**

**Claims Department** **(800) 278-5155**  
 Questions related to claim submissions

The Claim Payment Dispute Process is designed to address claim denials for issues related to untimely filing, incidental procedures, unlisted procedure codes, non-covered codes, etc. Claim payment disputes must be submitted in writing to WellCare within 90 days of the date on the EOP.

For inquires related to your electronic submissions to WellCare, please contact our EDI team at [EDI-Master@wellcare.com](mailto:EDI-Master@wellcare.com).

Mail or fax all claim payment disputes with supporting documentation to:

**Preferred EDI Partner**      **EDI Payor ID**  
 RelayHealth (McKesson)      14163      **(877) 411-7271**

WellCare Health Plans, Inc.      **Fax (877) 277-1808**  
 Attn: Claim Payment Disputes  
 PO Box 31370  
 Tampa, FL 33631-3370

WellCare follows the Centers for Medicare and Medicaid Services' (CMS) guidelines for paper claim submissions. Since October 28, 2010, WellCare accepts only the original "red claim" form for claim and encounter submissions. WellCare does not accept handwritten, faxed or replicated claim forms.

Claim forms and guidelines may be found on our website:  
[www.wellcare.com/provider/resources](http://www.wellcare.com/provider/resources)

**Claim Payment Policy Disputes**

The Claims Payment Policy department has created a new mailbox for provider issues related strictly to payment policy issues. Disputes for payment policy related issues (Explanation of Payment Codes beginning with IHXXX, MKXXX or PDXXX) must be submitted to WellCare in writing within 90 days of the date of denial on the EOP.

**Mail paper claim submissions to:**

WellCare Health Plans, Inc.  
 Claims Department  
 PO Box 31372  
 Tampa, FL 33631-3372

Mail all disputes related to payment policy issues to:

WellCare Health Plans, Inc.      **Fax (877) 277-1808**  
 Payment Policy Disputes Department  
 PO Box 31426  
 Tampa, FL 33631-3426

**Appeals (Medical)**

For pre-service appeals, providers may file an appeal on the member's behalf with the member's consent. A signed appointment of representative may be required. Providers may also seek an appeal through the Appeals department within 90 calendar days of a claims denial for lack of prior authorization, services exceeding the authorization, insufficient supporting documentation or late notification.

Mail or fax medical appeals with supporting documentation to:

WellCare Health Plans, Inc.      **Fax (866) 201-0657**  
 Attn: Appeals Department  
 PO Box 31368  
 Tampa, FL 33631-3368

**[Medicare Appointment of Representative Form](#)**

**Grievances**

Member grievances may be filed verbally by contacting Customer Service or submitted via fax or mail. Providers may also file a grievance on behalf of the member with the member's written consent.

Mail or fax member grievances to:

WellCare Health Plans, Inc.      **Fax (866) 388-1769**  
 Attn: Grievance Department  
 PO Box 31384  
 Tampa, FL 33631-3384

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**Pharmacy Services**

**Pharmacy Services** (866) 653-0976  
 Including after-hours and weekends (WHI)

**Specialty Pharmacy** (866) 458-9246  
[wsp@wellcare.com](mailto:wsp@wellcare.com) TTY (866) 507-6135

**Medication Appeals** Fax (866) 388-1766

Mail all [medication appeal forms](#) with supporting documentation to:

WellCare Health Plans, Inc.  
 Attn: Pharmacy Appeals Department  
 PO Box 31383  
 Tampa, FL 33631-3383

Medication appeals may also be filed verbally by contacting Provider Services. Please note that all appeals filed verbally also require a signed, written appeal.

**PDL Inclusions**

To request consideration for inclusion of a drug to WellCare's PDL, providers may submit a medical justification to WellCare in writing.

WellCare Health Plans, Clinical Pharmacy Department  
 Director of Formulary Services  
 Pharmacy & Therapeutics Committee  
 PO Box 31577  
 Tampa, FL 33631-3577

**Coverage Determination Requests** Fax (866) 388-1767

Submit a [Coverage Determination Request Form](#) for:

- Drugs not listed on the Formulary
- Drugs listed on the Formulary with a prior authorization (PA)
- Duplication of therapy
- Prescriptions that exceed the FDA daily or monthly quantity limits
- Most self-injectable and infusion drugs (including chemotherapy) administered in a physician's office
- Drugs listed on the Formulary with a quantity limit (QL)
- Drugs that have a step edit (ST) and the first line therapy is inappropriate

[Coverage Determination Request Form](#)

[Medical Injectables – No Authorization Required List](#)

[Mail Order Pharmacy Prescription Form](#)

[Specialty Pharmacy Physician Referral Form](#)

**Behavioral Health**

[Magellan Behavioral Health](#) (800) 241-1103

- Contact Magellan for **all** Mental Health and Substance Abuse services including Inpatient hospitalization **and** Outpatient counseling.
- Inpatient admission notification is required within 24 hours.
- Authorization is not required for the first outpatient visit. **Prior approval is required for continued services.**

For real-time authorization responses, submit your secure request online at [www.MagellanHealth.com/provider](http://www.MagellanHealth.com/provider) (select "Request Outpatient Authorization"). Complete your request for more sessions at least two weeks prior to the completion of the current authorized session(s).

**Radiology Prior Authorization**

**CareCore National** is our in-network Advanced Radiology services vendor for places of service (POS): 11, 22 & 24. Contact CareCore for all authorization related submissions for services rendered in the locations listed above.

*Western New York (Erie, Onondaga, Monroe & Wayne counties):*

Submit all claims directly to WellCare

*All other New York service areas – Downstate & Upstate:*

Submit all POS 11 claims directly to CareCore

Submit all POS 22 and 24 claims directly to WellCare

Urgent Authorizations and Provider Services (888) 333-8641  
 Authorization Request Submissions Fax (866) 896-2152

Web submissions may be submitted via the [CareCore Provider Web Portal](#). A searchable [Authorization Lookup and Eligibility Tool](#) is also available online.

**Contracted Networks**

**Chiropractic Triad** (800) 409-9081

**Dental Healthplex, Inc.** (800) 468-9868

**Vision Block Vision** (800) 879-6901

**Transportation LogistiCare** (866) 430-0568

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**Prior Authorization (PA) Requirements**

This WellCare Prior Authorization list supersedes any lists that have been distributed to our providers. Please ensure that older lists are replaced with this updated version. Authorization changes are denoted by a **P** symbol for easy identification. Requirements that have been edited for *clarification only* are denoted with an **!** symbol. There were no changes to the authorization requirements on this list.

**Participating providers are required to obtain authorizations for all out-of-network requests.** Requests to utilize members' Point-of-Service benefits must be submitted and reviewed for authorization. Specialists must coordinate all services with the member's PCP. It is the responsibility of the provider rendering care to verify that the authorization request has been approved before services are rendered.

WellCare supports the concept of the PCP as the "medical home" for its members. PCPs may refer members to network specialists when services will be rendered in an office, clinic or free-standing facility (11, 50, 71 & 72)\*. The specialist must document receipt of the request for a consultation and the reason for the referral in the medical record. No communication with the Plan is necessary.

**WELLCARE'S PRIOR AUTHORIZATION (PA) LIST:**

**Urgent Authorization Requests and Admission Notifications – Call (800) 278-5155 and follow the prompts.**

- Notify the Plan of unplanned inpatient hospital admissions and observations within the next business day (except normal maternity delivery admissions). Telephone authorizations must be followed by a fax submission of clinical information – by the next business day.
- Outpatient authorizations may be requested by phone for urgent and time sensitive services when warranted by the member's condition. Please add **CPT and ICD-9 codes** with your authorization request.

**Standard Authorization Requests** may be submitted online via [wellcare.com](http://wellcare.com) or by fax.

**NOTE:** Place of service codes (POS)\* are specified for some services.

**\*Place of Service Codes**

11 – Office	23 – Emergency Room	50 – FQHC	72 – Rural Health Clinic
12 – Home	24 – Ambulatory Surgery Center	61 – Inpatient Rehab	81 – Laboratory
20 – Urgent Care Facility	31 – Skilled Nursing Facility	62 – Outpatient Rehab	
21 – Inpatient Hospital	32 – Nursing Facility	65 – ESRD	
22 – Outpatient Hospital	33 – Custodial Care Facility	71 – Public Health Clinic	

**PROCEDURES and SERVICES**

**P** = New or changed requirement

**!** = Clarification of current requirement

**Auth Required**

**No Auth Required**

**Comments**

**DME Services**

**Fax (877) 431-8859**

Durable Medical Equipment purchases	X		<a href="#">Refer to Clinical Coverage Guidelines</a>
Durable Medical Equipment rentals	X		<a href="#">Refer to Clinical Coverage Guidelines</a>
Orthotics and Prosthetics	X		<a href="#">Refer to Clinical Coverage Guidelines</a>

**Home Health Services**

**Fax (866) 886-4321**

Home Health care services	X		
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**Inpatient Services**

**Fax (877) 431-8860**

Emergency Behavioral health services		X	
Emergency Room services (23)*		X	
Emergency Transportation services		X	
Observations (22)*	X		
Inpatient Hospital admissions (21)*	X		Clinical updates required for continued length of stay.
Long Term Acute Care Hospital (LTACH) admissions	X		Clinical updates required for continued length of stay.
Rehabilitation facility admissions (61)*	X		Clinical updates required for continued length of stay.
Skilled nursing facility admissions (31 & 32)*	X		Clinical updates required for continued length of stay.

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PROCEDURES and SERVICES 📄 = New or changed requirement ⓘ = Clarification of current requirement	Auth Required	No Auth Required	Comments
<b>Outpatient Services</b>		<b>Fax (800) 246-7983</b>	
Advanced Radiology services: CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, PET & SPECT scans (11, 22 & 24)*	X		Contact CareCore National for authorization. See Radiology Prior Authorization on page 2.
Ambulance transportation (non-emergent)	X		
Ambulette transportation (non-emergent)		X	See Contracted Networks (LogistiCare) section on page 2.
Ambulatory surgery center services (24)*	X		<b>Exception:</b> No Authorization is required for CPT code ranges: 43200 – 43258, 44360 – 44397, 45300 - 45393
Cardiac and pulmonary rehabilitation programs	X		<a href="#">Refer to Clinical Coverage Guidelines</a>
Cosmetic procedures (ALL)*	X		
Court-ordered services	X		
Cytogenetic, reproductive and molecular diagnostic laboratory testing	X		<a href="#">Refer to Clinical Coverage Guidelines</a>
Diagnostic laboratory services (Routine) (11, 22, 24 & 81)		X	Lab testing must be performed by LabCorp, Quest or other entities specifically contracted to perform lab services.
Diagnostic tests and procedures considered by the Plan to be routine office treatment (11)*		X	Refer to Radiology Prior Authorization on page 2 for claim submission information.
Diagnostic ultrasounds (11, 22 & 24)*		X	Refer to Radiology Prior Authorization on page 2 for claim submission information.
Domiciliary, rest home & custodial services (32 & 33)*	X		
Hearing services	X		
Hospice care services	X		
Investigational & experimental procedures and treatment	X		<a href="#">Experimental and Investigational Procedures and Devices Clinical Coverage Guideline</a>
Mammograms (11, 22 & 24)*		X	Refer to Radiology Prior Authorization on page 2 for claim submission information.
Obstetric ultrasounds (11, 22 & 24)*		X	Refer to Radiology Prior Authorization on page 2 for claim submission information.
Outpatient hospital services (22)*	X		<b>Exception:</b> No Authorization is required for CPT code ranges: 43200 – 43258, 44360 – 44397, 45300 - 45392
Pain Management treatment (11, 22 & 24)*	X		
PCP office visits and treatment		X	
Radiology Anesthesia		X	No Authorization is required for CPT codes 01916 - 01936
Rehabilitation facility services (61 & 62)* ⓘ	X		
Respiratory therapy services	X		
Routine radiology services (11, 22 & 24)*		X	See Radiology Prior Authorization on page 2 for claim submission information.
Skilled nursing facility services (31 & 32)*	X		
Specialist office visits (11)*		X	
Urgent care services (20)*		X	
<b>Skilled Therapy Services</b>		<b>Fax (877) 709-1698</b>	
Occupational, Physical and Speech therapy services (11 & 22)*	X		<a href="#">Refer to Clinical Coverage Guidelines</a>  No authorization is required for the first 3 visits.

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